

Whittington Health Trust Board

24 October 2012

Title:	Report of the Quality Committee held on Friday 21 September 2012		
Agenda item:	7	Paper	C
Action requested:	For Noting and Approval of Recommendation in Appendix 1		
Executive Summary:	<p>The purpose of this paper is to inform Trust Board of the key issues discussed at the Quality Committee on Friday 21st September 2012 and to advice of any concerns with regard to Quality and Safety.</p> <p>Key areas of discussion included</p> <ul style="list-style-type: none"> • Future Quality Committee Meetings in response to NHSL observations July 2012 • Integrated Dash Board • NHSLA Level 2 Preparation • Aggregated Report for Complaints Incidents and Litigation for Quarter 1, 2012 • Serious Incident Report Quarter 1, 2012 • Mandatory Training Update Report • Quality Governance Review • National Cancer Patient Experience Survey • Patient Safety Walk Rounds Programme • Proposal for Patient Stories to Trust Board • ICAM Divisional Report <p>The Committee also received a presentation from Women, Children and Family Division – Authoritative Practice Audit in Health Visiting. This is an example of Innovation within the Safeguarding Children Team which provides assurance to the Division and the Trust on the level of authority Health Visitors are implementing in the practice and decision making to safeguard children.</p>		
Summary of recommendations:	The Quality Committee highlighted a number of hot spot issues which are highlighted in Appendix 1. The Trust Board is asked to receive the report and to approve the recommendations made by the committee in Appendix 1		

Fit with WH strategy:		The Quality Committee is a sub Committee of trust Board and assures the Trust Board on all issues relating to Quality and Patient Safety					
Reference to related / other documents:		Minutes of the Quality Committee held on Tuesday 31 st July 2012.					
Date paper completed:		30 th September 2012					
Author name and title:		Bronagh Scott – Director of Nursing and Patient Experience		Director name and title:		Sue Rubenstein Non Executive Director – Chair of Quality Committee	
Expected date paper seen by EC	16th October 2012	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?	N/A	Legal advice received?	N/A



Appendix 1

Hot Spots Highlighted at Quality Committee Friday 21st September 2012

The Quality Committee met on Friday 21st September 2012 and outlined a change to the format and frequency of meetings going forward.

From September 2012 the Quality Committee will

- meet bimonthly going forward and will receive reports from all divisions incorporating the following
 - Clinical Quality Risk Register
 - Actions and mitigations related to the risks
 - Outline of Quality and Innovation in the Divisions
- Receive quarterly reports from Feeder Committees
- Receive reports regarding any other issue related to Patient Safety/Quality of Interest to the Committee
- Receive reports from the bimonthly quality walk rounds in Divisions undertaken by pairs of executive/non executive Directors

The main issues of concern in relation to Quality and Patient Safety highlighted in the meeting of 21st September 2012 were as follows:

- **Incidence of grades 3 & 4 pressure ulcers in community services** - The Committee was assured of actions being taken to reduce the incidence and was assured that the incidence had reduced in the past 12 months in Haringey. An increase in recent months in Islington is believed to reflect improved reporting and will be monitored for improvements.
- **Health Visitor new birth visits in both Haringey and Islington** – It was noted that significant improvements are being made resulting from the recruitment of additional Health Visitors and a review of working practices. The improvement in performance will be shown in the next performance report. However it was noted that full achievement of this target in both Islington and Haringey will not be achieved until all vacant posts are recruited to.
- **NHSLA Level 2** – Progress is rated red, but is expected to improve in coming months following the recruitment of a project officer.
- **Aggregated Complaints Litigation and Incidents Report Quarter 1 2012** – Committee members highlighted their concerns that the Trust is an outlier in relation to the number of complaints being made regarding staff attitude. It was agreed that the Director of People would be asked to present a report to the next Quality Committee outlining actions being taken in relation to addressing staff attitude through the Trust's values work. In relation to claims there was a query regarding the position of the Trust when benchmarked with other Trusts. The Committee was advised that there has been an upward trend in claims nationally and that the Trust is not currently an outlier in this regard. The Committee was also advised that a new Head of Legal Services had been appointed and is preparing

Appendix 1

- quarterly reports for each Division on the number of claims and legal cases being taken.
- **Serious Incidents Quarterly Report Quarter 1 2012** – The main area of concern highlighted in this report was the poor performance across the Trust in relation to meeting timescales for completion of Root Cause Analysis Investigations for submission to NHS London. The main reasons outlined were capacity in terms of resource and capability. A number of training sessions have been arranged to increase the number of trained investigators. However Divisions are being asked to ensure that those people allocated as investigators are given the time to complete the investigation within the required timescales. Quality Committee endorsed the requirement both to meet the timescales and to ensure that Investigations are of a satisfactory quality. An update report will be presented to Quality Committee in January 2013.
 - **Mandatory Training** – Quality Committee acknowledged the effort being made to meet the 90% target but voiced ongoing concerns at the slow speed of progress. It was noted that this is being monitored weekly by the Executive Committee and a further update report would be presented to Quality Committee in November 2012.
 - **Monitor Quality Governance Review** – Quality Committee noted that the Trust would be attending the Quality Governance Gateway Review with NHS London on Tuesday 2nd October 2012.
 - **Cancer Patient Experience Survey 2012** – The Committee noted the improvements made since the previous survey but highlighted the need for continued effort to be made to improving the experience of cancer sufferers. The action plan for improvement was noted.
 - **Patient Safety Walk Rounds** - the programme was approved by the Committee for implementation.
 - **Patient Stories to Trust Board** – the proposal to continue monthly patient stories being presented to the Trust Board using a variety of media was approved by the Quality Committee.
 - **ICAM Divisional Report** – The Committee received the report and endorsed the three key areas highlighted by the Division for improvement in Quality and Patient Safety – Falls reduction, MSK waiting time reduction, Serious Incident reporting and investigation.